ATTACHMENT 4.38 Page 1

Revision: HCFA-PM-91- 10 (BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: DELAWARE

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

In addition to full name, address, social security number, date of written and manual skills test, certification date and finding of abuse, neglect or misappropriation of property, the registry can show if the aide was deemed.

TN No-Sp-314 Supersedes TN No. new page

Approval Date

Effective Date AN HCFA ID: